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PATENT

Practitioner's Docket No. 100349.0055US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Chancellor, Dennis; Jensen, James
Application No.: 101/019,066 Group No.: Not Assigned
Filed: 11/15/2001 Examiner: Not Assigned
For: Filtration Using Pressure Vessel with Multiple Filtration Channels

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement is not required.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE



transmitted by facsimile to the Patent and Trademark Office.

Sara L Geer

Date 8/21/02

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	18	Minus	20	= 0	x \$9 =	\$0
Indep.	2	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$140 =	\$0
					Total Addit. Fee	\$0

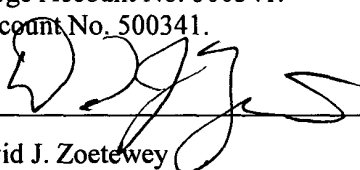
- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 500341.
 If any additional fee for claims is required, charge Account No. 500341.

Date: 3/21/02


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